

Approved June 6, 1997

**OFFICIAL NEW HAMPSHIRE STATEMENT
RE: TUBERCULIN SKIN TEST IN CORRECTIONAL FACILITIES**

Tuberculin Skin Testing of Inmates:

The NH Tuberculosis Advisory Committee, in conjunction with the Tuberculosis Control Program, Office of Community and Public Health (OCPH), recommend a Mantoux Tuberculin Skin Test (TST) for all long-term (14 days or longer) prison and jail inmates not having a previously documented positive skin test at intake. Two-step testing should be done based upon the anticipated length of stay at the facility and the likelihood of completing the two-step process. It is generally recommended that prisons use two-step testing. Annual retesting of those with negative initial tests is also recommended. All tests should be administered and read (48-72 hours thereafter) by trained personnel. Inmates known to have HIV infection should have a chest x-ray as part of the initial screening, regardless of their TST results.

U.S. Centers for Disease Control guidelines specify that 10 millimeters of induration should be considered a positive TST result for persons with normal immune systems, but 5 millimeters should be considered positive for recent close contact with infectious TB cases, persons with HIV infection or other immunosuppression, and those with abnormal x-ray findings consistent with TB. All TST results should be recorded in the inmate's medical record by millimeters of induration. All positive reactors should be promptly reported to the TB Program of the NH Office of Community and Public Health and evaluated for active TB.

Tuberculin Skin Testing of Correctional Facility Staff:

The NH Tuberculosis Advisory Committee, in conjunction with the Tuberculosis Control Program, Office of Community and Public Health, recommend a Mantoux TST for all prison and jail staff, not having a documented positive skin test, at employment. Those working directly with inmates should receive annual retesting if initially negative. At employment, a two-step testing process should be used. All tests should be administered and read (48-72 hours thereafter) by trained personnel.

All TST results should be recorded in the staff member's record by millimeters of induration. All positive reactors must be promptly reported to the TB Program of the Office of Community and Public Health and evaluated for active TB.

References:

Tuberculosis in Correctional Facilities, U.S. Department of Justice, January 1994

Controlling TB in Correctional Facilities, U.S. Centers for Disease Control, 1995

Prevention and Control of Tuberculosis in Correctional Facilities, MMWR Vol 45, No. RR-8, June 7, 1996

For additional information, please call the New Hampshire Tuberculosis Control Program at 1-800-852-3345, ext. 4469, or (603) 271-4469 (NH only).